

## Appendix V. Sample Benefit History Report for PHAs

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**BENEFIT HISTORY REPORT FOR (RE)CERTIFICATIONS DURING THE MONTH OF [2004/12]**  
**\*\*FOR OFFICIAL USE ONLY\*\***
**HA Code:** LA001      **Housing Authority:** Housing Authority of New Orleans  
**Project:**              **Program Type:** Sec.8 Housing Choice Vouchers

[For Reference Only]

**Head of Household:** H\*\*\*\* COL\*\*\*\*\*      **Address:** 2233 ST PHILIP ST  
 NEW ORLEANS LA 70119-0000  
**SSN:** 000-46-6801

[Information below applies to this family member]

**Head of Household: 000-46-6801**
**Family Member:** H\*\*\*\* COL\*\*\*\*\*  
**SSN:** 000-46-6801      **Date of Birth:** 01/01/1931
***Social Security Income Benefits***

<b>Payment Status Code:</b>	C - Current Payment Status	<b>Benefit History</b>		
<b>Date of Current Entitlement:</b>	12/1995	<b>Date</b>	<b>Gross Benefit</b>	
<b>Net Monthly Benefit if Payable:</b>	\$337.00	12/2003	\$337.00	Credited
		12/2002	\$331.00	Credited
		12/2001	\$326.00	Credited
		07/2001	\$318.00	Credited
		12/2000	\$318.00	Credited
		12/1999	\$307.00	Credited
		12/1998	\$300.00	Credited
		12/1997	\$296.00	Credited

***Supplemental Security Income Benefits***

<b>Payment Status Code:</b>	C01 - Eligible for Payments	<b>Benefit History</b>			
<b>Alien Indicator:</b>	N	<b>Date</b>	<b>Federal Amount</b>	<b>State Amount</b>	<b>Type of Payment</b>
<b>SSI Monthly Assistance Amount (Current):</b>	\$247.00	01/01/2004	\$247.00	\$0.00	Recurring Payment
<b>State Supplement Amount (Current):</b>	\$0.00	01/01/2003	\$241.00	\$0.00	Recurring Payment
<b>Payee Name and Address:</b>		01/01/2002	\$239.00	\$0.00	Recurring Payment
HEL*****		08/01/2001	\$233.00	\$0.00	Recurring Payment
223*****		07/02/2001	\$19.00	\$0.00	Underpayment
NEW ORLEANS LA		04/01/2001	\$232.00	\$0.00	Recurring Payment
		03/09/2001	\$232.00	\$0.00	Underpayment
		03/02/2001	\$232.00	\$0.00	Underpayment

***Medicare Data***

<b>Payee Name and Address:</b>		<b>Premium</b>	<b>Indicator</b>	<b>Code</b>	<b>Start</b>	<b>Stop</b>
HEL*****		\$0.00	N			
223*****	<b>Hospital Insurance:</b>	\$0.00	N			
NEW ORLEANS LA	<b>Supp. Med. Insurance:</b>	\$66.60	Y	190	07/1985	

***Dual Entitlement Data***

DE data not applicable

***Black Lung Entitlement:*** \$0.00 - Not Applicable***Disability:*** Yes

Report Date: 01/12/2005